



CITY OF NEWPORT
DEPARTMENT OF FINANCE &
ADMINISTRATION
LICENSE DIVISION
859-292-3660

CN-16

SIGNED X _____

OFFICIAL
TITLE _____ **DATE** _____

LICENSE PERIOD ENDING

DUE ON OR BEFORE

RENEWAL OF OCCUPATIONAL LICENSE
LICENSE PERIOD JULY 1ST THROUGH JUNE 30TH

NAME &
ADDRESS
OF
BUSINESS

MAKE PAYABLE TO:
RETURN TO:
CITY OF NEWPORT
DEPT. OF FINANCE
LICENSE DIVISION
P O BOX 1090
NEWPORT, KY 41071-0090

DUE DATES

BUSINESSES ON A CALENDAR YEAR—APRIL 15

BUSINESSES ON A FISCAL YEAR—105 DAYS AFTER THE END OF THE FISCAL YEAR

Enter your Federal & Kentucky Taxpayer Identification Numbers on the appropriate line below. If you do not have these numbers, please enter your Social Security Number. Failure to properly list these identification numbers will result in a delay in the processing of your return.

FEDERAL EMPLOYER I.D. NUMBER _____

KENTUCKY EMPLOYER I.D. NUMBER _____

SOCIAL SECURITY NUMBER _____

If your accounting period is based on a calendar year, please use gross receipts information as of December 31 of the preceding calendar year.

If your accounting period is based on a fiscal year other than a calendar year, please use gross receipts as of the most recently completed fiscal year.

| | |
|--|-------------------------|
| 1 Total Gross Receipts for the Previous Year | \$ _____ |
| If your business has an additional location outside the city, use only gross receipts generated from your Newport Location. | |
| If your business is not located in Newport, use only the gross receipts actually earned in Newport | |
| 2 Less Gross Receipts Exempt from Taxation | |
| If you claim any deductions on Line 2, please provide the nature and amount of each deduction: | |
| A. Gross receipts Earned outside Newport (Please complete form CN-12 attached) | _____ |
| B. Gross Total of Bad Debts | _____ |
| C. Value of items returned to manufacturer | _____ |
| D. Gross Receipts from the Sale of Alcoholic Beverages | _____ |
| E. TOTAL DEDUCTIONS(Enter on Line2) | _____ _____ _____ |
| 3 Total Newport Gross Receipts | \$ _____ |
| 4 Multiply Line 3 by .0035. Enter Amount Here | |
| If the amount on Line 4 is greater than \$75.00, that is the amount you pay. | |
| If the amount on Line 4 is \$75.00 or less, you pay the \$75.00 MINIMUM | |
| If the amount on Line 4 is greater than \$20,500, please see Item No. 1 of the Information Sheet | |
| | \$ _____ |
| 5 ACTUAL AMOUNT DUE (If paid by Due Date) | \$ _____ |
| 6 Penalty 10% of Line 5 (Minimum Penalty is \$25.00 or 5% of Line 5 per month or fraction thereof past the due date up to 25% whichever is greater) (If postmarked after the Due Date) | \$ _____ |
| 7 Interest (1%) of Line 5 per month or Fraction Thereof. (If postmarked after the Due Date) | \$ _____ |
| 8 Total Remittance | \$ _____ |

